State Auto Financial CORP Form 4 March 10, 2014

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB

Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

3235-0287 Number: January 31,

if no longer subject to Section 16. Form 4 or Form 5

obligations

Expires: 2005 Estimated average

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

SECURITIES

burden hours per response... 0.5

may continue. See Instruction

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

State Auto Financial CORP [STFC]

Symbol

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

RESTREPO ROBERT P JR

	(Last)	(First)	(Middle)	3. Date of Ear	liest	Transaction						
	518 E. BRO	OAD STREET		(Month/Day/Year) 03/06/2014					X Director 10% Owner X Officer (give title Other (specify below) Chairman, President, CEO			
(Street)				4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	COLUMB	US, OH 43215]	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
	(City)	(State)	(Zip)	Table I -	Non	-Derivative S	Securit	ies Acau	ired, Disposed of	. or Beneficia	ılly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	3. ate, if Trans	saction: 8)	4. Securities poor Disposed (Instr. 3, 4 and Amount	Acqui of (D)	_	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Common Shares without Par Value								3,095.31	I	By 401(k) plan	
	Common Shares without Par Value	03/07/2014		P		1,544.816	A	\$ 21.69	11,780.71	I	By Non-qualified deferred compensation plan	
	Common Shares without	03/06/2014		A		8,826	A	\$ 0	94,047.593 (1)	D		

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Par Value

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitic (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy) NO	\$ 21.23	03/06/2014		A	37,432	03/06/2015(2)	03/05/2024	Common Shares	37,4

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
RESTREPO ROBERT P JR								
518 E. BROAD STREET	X		Chairman, President, CEO					

Signatures

COLUMBUS, OH 43215

/s/Robert P. Restrepo, Jr. by James A. Yano, attorney in fact pursuant to POA filed with Commission 5/7/07.

03/10/2014

SEC 1474

(9-02)

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Includes the following acquisitions: A restricted Stock Grant of 8,826 shares was issued on 3/6/14 which has a 3 year cliff vest based on service only.

(2) The options vest in three equal installments beginning on March 6, 2015.

Reporting Owners 2

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(3) Field should be left blank, but due to a software defect, requires input.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.